

IN THE UNITED STATES DISTRICT COURT
FOR THE WESTERN DISTRICT OF MISSOURI
WESTERN DIVISION

*(Write the District and Division, if any, of the
court in which the complaint is filed.)*

Charles Trimble

REG NO: 27592-045

*(Write the full name of each plaintiff who is filing
this complaint. If the names of all the plaintiffs
cannot fit in the space above, please write "see
attached" in the space and attach an additional
page with the full list of names.)*

-against-

Dr. Mark Pearson

Physician's Assistant Kirsh

Physician's Assistant Durbin

*(Write the full name of each defendant who is
being sued. If the names of all the defendants
cannot fit in the space above, please write "see
attached" in the space and attach an additional
page with the full list of names. Do not include
addresses here.)*

16-3382-CV-S-MDH-PR

**Complaint for Violation of Civil
Rights**

(Prisoner Complaint)

Case No. _____
(to be filled in by the Clerk's Office)

REQUEST FOR TRIAL BY JURY

Plaintiff requests trial by jury. ☒ Yes ☐ No

I. The Parties to This Complaint

A. The Plaintiff(s)

Provide the information below for each plaintiff named in the complaint. Attach additional pages if needed.

Name Charles Trimble

All other names by which you have been known:
Charles Trimble

ID Number REG NO: 27592-045

Current Institution Medical Center for Federal Prisoners

Address P.O. Box 4000
Springfield, Missouri 65801-4000

B. The Defendant(s)

- Provide the information below for each defendant named in the complaint, whether the defendant is an individual, a government agency, an organization, or a corporation.
- Make sure that the defendant(s) listed below are identical to those contained in the above caption.
- For an individual defendant, include the person's job or title (if known) and check whether you are bringing this complaint against them in their individual capacity or official capacity, or both.
- Attach additional pages if needed.

Defendant No. 1

Name Dr. Mark Pearson

Job or Title
(if known) Doctor at Federal Prison

Shield Number Unknowned (to be file in at a alter date

Employer Federal Bureau of Prisons

Address Medical Center for Federal Prisoners
P.O. Box 4000, Springfield, MO 65801-4000



Individual capacity



Official capacity

Defendant No. 2

Name	<u>Physician's Assistant Durbin</u>
Job or Title (if known)	<u>Physician's Assistant IN Federal Prison</u>
Shield Number	<u>To be filed in a later date.</u>
Employer	<u>Federal Bureau of Prisons</u>
Address	<u>Medical Center for Federal Prisoners</u> <u>P.O. Box 4000 Springfield, MO 65801-4000</u>
<input checked="" type="checkbox"/> Individual capacity	<input checked="" type="checkbox"/> Official capacity

II. Basis for Jurisdiction

Under 42 U.S.C. § 1983, you may sue state or local officials for the “deprivation of any rights, privileges, or immunities secured by the Constitution and [federal laws].” Under *Bivens v. Six Unknown Named Agents of Federal Bureau of Narcotics*, 403 U.S. 388 (1971), you may sue federal officials for the violation of certain constitutional rights.

A. Are you bringing suit against (*check all that apply*):

- ☒ Federal officials (a *Bivens* claim)
- ☐ State or local officials (a § 1983 claim)

B. Section 1983 allows claims alleging the “deprivation of any rights, privileges, or immunities secured by the Constitution and [federal laws].” 42 U.S.C. § 1983. Plaintiffs suing under *Bivens* may only recover for the violation of certain constitutional rights.

What federal constitutional or statutory right(s) do you claim is/are being violated by state or local officials?

8th Amendment Cruel and Unusual Punishment
Knowing of an injury/open wound and allowing it to
progress without giving the medical attention needed.

III. Prisoner Status

Indicate whether you are a prisoner or other confined person as follows (*check all that apply*):

- ☐ Pretrial detainee
- ☐ Civilly committed detainee
- ☐ Immigration detainee
- ☐ Convicted and sentenced state prisoner
- ☒ Convicted and sentenced federal prisoner
- ☐ Other (*explain*) _____

IV. Statement of Claim

Write a short and plain statement of FACTS that support your claim. Do not make legal arguments. You must include the following information:

- What happened to you?
- What injuries did you suffer?
- Who was involved in what happened to you?
- How were the defendants involved in what happened to you?
- Where did the events you have described take place?
- When did the events you have described take place?

If more than one claim is asserted, number each claim and write a short and plain statement of each claim in a separate paragraph. Attach additional pages if needed.

While housed in the Federal Bureau of Prisons Medical Center for Federal Prisoners, A tube that is also known as a Jejunal tube in which feeds me the nutrients that my body needs fell out (5/2/2016) I continuously advised the nursing staff at the prison and sent numerous cop-outs
Inmate Request forms to the Physician's Assistant Kirsh,
(SEE ATTACHED FORM)

ATTACHED FORM FOR BIVENS CLAIM
Charles Trimble

as well as Physician's Assistant Durbin. Seeing that I was continuously being ignored I tried to speak to Dr. Mark Pearson who advised me to send a cop-out and as policy states I must make the effort, after sending this to Dr. Pearson I still was never answered.

After advising my wife who contacted my state Senator and local Congressman I was still forced to wait until 5/13/2016 and by disregarded this issue I was unable to receive the nutrients that my body needed as well as placing me in danger of infection and allowing the open wound where the Jujunal tube went.

I was sent to Mercy Hospital where I was advised that the open wound was now closed and would now need to be resurgically inserted when all that needed to be done was for the medical staff to address the issue. I was forced to undergo another surgery which caused me to suffer more then what needed to be. If my provider would of properly done what his job also their creed as a medical professional is...

I had the new tube placed in and again it fell out and as of this day I am forced to go with-out and prone to a higher risk of infection. I have and still am doing all that I can and knowing that it is a potential risk for further illness, while ignoring and allowing this prolong....
A forseeable risk and disregarding it.

V. Injuries

If you sustained injuries related to the events alleged above, describe your injuries and state what medical treatment, if any, you required and did or did not receive.

Open wounds and malnutrition and was forced to undergo
another surgery. Therefore causing more and more injuries
that do not have to be done...

VI. Relief

State briefly what you want the court to do for you. Make no legal arguments. Do not cite any cases or statutes. If requesting money damages, include the amounts of any actual damages and/or punitive damages claimed for the acts alleged. Explain the basis for these claims.

I am seeking a monetary value of 1 million dollars
and I want the defendant to be reprimanded as deemed
fit by a court of law.

VII. Exhaustion of Administrative Remedies Administrative Procedures

The Prison Litigation Reform Act ("PLRA"), 42 U.S.C. § 1997e(a), requires that "[n]o action shall be brought with respect to prison conditions under section 1983 of this title, or any other Federal law, by a prisoner confined in any jail, prison, or other correctional facility until such administrative remedies as are available are exhausted."

Administrative remedies are also known as grievance procedures. Your case may be dismissed if you have not exhausted your administrative remedies.

- A. Did your claim(s) arise while you were confined in a jail, prison, or other correctional facility?

☒ Yes
☐ No

If yes, name the jail, prison, or other correctional facility where you were confined at the time of the events giving rise to your claim(s).

Medical Center for Federal Prisoners Springfield

PO. BOX 4000

Springfield, Missouri 65801-4000

- B. Does the jail, prison, or other correctional facility where your claim(s) arose have a grievance procedure?

☒ Yes
☐ No
☐ Do not know

- C. Does the grievance procedure at the jail, prison, or other correctional facility where your claim(s) arose cover some or all of your claims?

☐ Yes
☒ No
☐ Do not know

If yes, which claim(s)?

- D. Did you file a grievance in the jail, prison, or other correctional facility where your claim(s) arose concerning the facts relating to this complaint?

☒ Yes
☐ No

If no, did you file a grievance about the events described in this complaint at any other jail, prison, or other correctional facility?

☒

Yes

☐

No

E. If you did file a grievance:

1. Where did you file the grievance?

At Medical Center for Federal Prisoners...

2. What did you claim in your grievance? *(Attach a copy of your grievance, if available)*

The same, exactly what is written in the statement of claim.

3. What was the result, if any? *(Attach a copy of any written response to your grievance, if available)*

I was operated on and the Jujunal tube was reinserted, however it has now fallen out again and still being ignored. It seems to be an on going occurrences.

4. What steps, if any, did you take to appeal that decision? Is the grievance process completed? If not, explain why not. *(Describe all efforts to appeal to the highest level of the grievance process.)*

I have filed a Bp-8, 9, 10, 11. I was told that the Bp-11 was going to be held back a few weeks but was denied, which give me no other option other then to start filing this Bivens Action.

F. If you did not file a grievance:

1. If there are any reasons why you did not file a grievance, state them here:

Does not apply

2. If you did not file a grievance but you did inform officials of your claim, state who you informed, when and how, and their response, if any:

Does not apply

G. Please set forth any additional information that is relevant to the exhaustion of your administrative remedies.

besides the monetary value of this claim I would
like to see these defendants to be reprimanded
to the full extent of the law...

(Note: You may attach as exhibits to this complaint any documents related to the exhaustion of your administrative remedies.)

VIII. Previous Lawsuits

The “three strikes rule” bars a prisoner from bringing a civil action or an appeal in federal court without paying the filing fee if that prisoner has “on three or more prior occasions, while incarcerated or detained in any facility, brought an action or appeal in a court of the United States that was dismissed on the grounds that it is frivolous, malicious, or fails to state a claim upon which relief may be granted, unless the prisoner is under imminent danger of serious physical injury.” 28 U.S.C. § 1915(g).

To the best of your knowledge, have you had a case dismissed based on this “three strikes rule”?

☐
☒

Yes
No

If so, state which court dismissed your case, when this occurred, and attach a copy of the order if possible.

Does not apply

- A. Have you filed other lawsuits in state or federal court dealing with the same facts involved in this action?

☐ Yes
☒ No

- B. If your answer to A is yes, describe each lawsuit by answering questions 1 through 7 below. *(If there is more than one lawsuit, describe the additional lawsuits on another page, using the same format.)*

1. Parties to the previous lawsuit

Plaintiff(s) does not apply

Defendant(s) _____

2. Court *(if federal court, name the district; if state court, name the county and State)*

does not apply

3. Docket or index number

does not apply

4. Name of Judge assigned to your case

does not apply

5. Approximate date of filing lawsuit

does not apply

6. Is the case still pending?

☐ Yes
☒ No

If no, give the approximate date of disposition. _____

7. What was the result of the case? (For example: Was the case dismissed? Was judgment entered in your favor? Was the case appealed?)

does not apply

- C. Have you filed other lawsuits in state or federal court otherwise relating to the conditions of your imprisonment?

☐

Yes

☒

No

- D. If your answer to C is yes, describe each lawsuit by answering questions 1 through 7 below. (If there is more than one lawsuit, describe the additional lawsuits on another page, using the same format.)

1. Parties to the previous lawsuit

Plaintiff(s) _____

Defendant(s) _____

2. Court (if federal court, name the district; if state court, name the county and State)

n/a

n/a

3. Docket or index number

n/a

4. Name of Judge assigned to your case

n/a

5. Approximate date of filing lawsuit

n/a

6. Is the case still pending?

☐

Yes

☒

No (If no, give the approximate date of disposition):

7. What was the result of the case? (For example: Was the case dismissed? Was judgment entered in your favor? Was the case appealed?)

N/A

IX. Certification and Closing

Under Federal Rule of Civil Procedure 11, by signing below, I certify to the best of my knowledge, information, and belief that this complaint: (1) is not being presented for an improper purpose, such as to harass, cause unnecessary delay, or needlessly increase the cost of litigation; (2) is supported by existing law or by a nonfrivolous argument for extending, modifying, or reversing existing law; (3) the factual contentions have evidentiary support or, if specifically so identified, will likely have evidentiary support after a reasonable opportunity for further investigation or discovery; and (4) the complaint otherwise complies with the requirements of Rule 11.

I agree to provide the Clerk's Office with any changes to my address where case-related papers may be served. I understand that my failure to keep a current address on file with the Clerk's Office may result in the dismissal of my case.

Date of signing: 8-20, 2016

Signature of Plaintiff

Charles Trimble

Printed Name of Plaintiff

Charles Trimble

Prison Identification #

27592-045

Prison Address

Medical Center for Federal Prisoners

City State Zip Code

P.O. Box 4000 Springfield, Missouri
65801-4000

Charles J. Murrell
3759-2045
Medical Center for Federal Prisoners
P.O. Box 4000 Springfield Missouri
65801-4000

REC'D SEP 15 2016

-PEIS PRO SE

Clerk's Office
United States District Court
Western District of Missouri
1400 U.S. Courthouse
222 John Q. Hammond PKWY
Springfield mo 65806

